

Nevada Board for the Regulation of Liquefied Petroleum Gas

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Qualified Person Application

- Read all instructions carefully. The Board desires to provide courteous and timely service to all applicants. To maximize its efficiency and the level of service, the Board will process complete applications only. A complete application includes all applicable supporting documents and fees. The Board will not act as your agent in gathering information or supporting documents necessary for the consideration of your qualified person application. Incomplete applications will be returned to you.
- Please type or print, and sign in blue ink, when completing this form.
- Include the required application and certificate fees. Application fees are non-refundable.

SECTION 1 – LICENSEE NAME AND ADDRESS				
Licensee Name:				
Physical Address:				
	(Street Address)			
	(City)		(State)	(Zip)
License No.:		_ License Class:	Phone No.:	
SECTION 2 – QUALIFIED PERSON NAME AND ADDRESS				
Qualified Person Name	e:			
Physical Address: The residential address of the qualified person. The qualified person must reside in the immediate area or territory of the business. You may be required to provide proof of such residence (utility bill, driver's license, etc.).				
Physical Address:				
	(Street Address)			
	(City)		(State)	(Zip)
Certificate of Compete	ency (COC) No.:		COC Type: _	
COC Expiration Date:			Phone No.:	
SECTION 3 – FEES				
Application Fee: A \$70 non-refundable application fee is required for each application that is submitted to the Board.				
				ted in conjunction with a license be assessed with the annual license
	70	+	=	
<u> </u>	(Application fee)	(Certificate fe		LOSED)

SECTION 4 – ADDITIONAL INFORMATION (optional) This optional section is provided for the applicants to supply any information they would like the Board to consider when reviewing this application. (attach additional sheets if necessary) SECTION 5 – AFFIDAVIT AND AUTHORIZED SIGNATURE The licensee and qualified person understand that they will be subject to disciplinary action up to and including suspension or revocation of their qualified person certificate and license if at any time they fail to meet the qualifications set forth by the Board or allow others under their supervision to operate in violation of applicable safety standards and or regulations. The applicants understand that this application will be classified as a public record and will be available for inspection by the public. Signature Requirements: A principal (officer, director, or owner) of the licensed business applying for a qualified person and the designated qualified person must sign this application. Company Principal: _____ Title: _____ (Signature) Date: (Print Name) Qualified Person: _____ Title: _____ Date: (Print Name) PLEASE NOTE: The Board will only accept complete applications for processing. Please ensure that your application is complete and all supporting documentation is included. The Board will not act as your agent in gathering information or supporting documents. The Board requires the original application be received in the Board office by 5:00 PM, 11 days prior to a meeting to be included on the agenda for that meeting. A schedule of Board meetings can be located at the Board office or on the Board website. FOR OFFICE USE ONLY - DO NOT WRITE IN THIS SPACE Fee received:

Applicant address verified

Processed By:

□ Applicant COC verified